



**PUBLIC PROTECTION CABINET
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
Frankfort, KY 40601
502-564-4850
502-564-7479 (fax)
abc.ky.gov

Presentation/Speaker Request Form

Group Name: _____ Event Title: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Event Contact Person: _____ Primary Phone #: _____

Contact Email: _____

Date of Presentation: _____ Start Time: _____

Length of Presentation: _____ Number of Presentations: _____

Number of Participants per Presentation: _____

Audience (i.e., middle school students): _____

Type of Presentation Desired: ☐ Speaker ☐ Round Table ☐ Booth/Fair ☐ Other _____

Description of the Event:

Description of Desired Presentation: *Please note if this is a keynote presentation.*

- The request form must be received at least one month prior to the event to be considered. If the request form is not received timely, then the agency will be unable to participate.
- Submission of a request form does not guarantee agency participation. All requests will be considered based on availability of staff.